Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 DC0 103 US

| CLAIMS AS FILED - PART I (Column 1)   |  |   |               |                             | (Column 2)                      |                  |            | SMALL ENTITY TYPE                       |                        |            | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---------------|-----------------------------|---------------------------------|------------------|------------|---|------------------------|------------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 26            |                             |                                 |                  | ſ          | RATE                                    | FEE                    |            | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED  |                             | NUMBER EXTRA                    |                  |            | BASIC FEE                               | 355.00                 | OR         | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | ⇒ minus 20=   |                             | . 6                             |                  |            | X\$ 9=                                  |                        | OR         | X\$18=                     | 108                    |
| INDEPENDENT CLAIMS  |  |   | 7 minus 3 =   |                             | * <i>4</i>                      |                  |            | X40=                                    |                        | OR         | X80=                       | :320                   |
| MU  | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT        |                             |                                 |                  | ľ          | +135=                                   |                        | OR         | +270=                      |                        |
| * If the difference in column 1 is less than  |  |   |               | zero, enter "0" in column 2 |                                 |                  | L          | TOTAL                                   |                        | OR         | TOTAL                      | 1138                   |
| CLAIMS AS AMENDED - PART II   |  |   |               |                             |                                 |                  | <u></u>    |   |                        | OTHER THAN |                            |                        |
| (Column 1   |  |   | (Column 2)    |                             |                                 | (Column 3)       | ٠.         | SMALL                                   |                        | OR         | SMALL                      |                        |
| AMENDMENT A   | haging of permitting the second  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI                | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus         | **                          |                                 | =                |            | X\$ 9=                                  |                        | OR         | X\$18=                     |                        |
| AME   | Independent  | *   | Minus         | ***                         | T CLAIM                         | =                | 1 [        | X40=                                    | :                      | OR         | X80=                       |                        |
| <u> </u>  | FIRST PRESE  | NTATION OF M                              | OLIPLE DEF    | ENDEN                       | I CLAIM                         |                  | <u>ا</u> ا | +135=                                   |                        | OR         | +270=                      | ·                      |
| TOTAL OD TOTAL  |  |   |               |                             |                                 |                  |            |   | TOTAL<br>ADDIT. FEE    |            |                            |                        |
|   |  | (Column 1)                                |               | (Colu                       | ımn 2)                          | (Column 3)       |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |            |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREV                 | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus         | **                          |                                 | =                |            | X\$ 9=                                  |                        | OR         | X\$18=                     |                        |
| ME  | Independent  | *   | Minus         | ***                         |                                 | <u> -</u>        | <b>∐</b>   | X40=                                    | ·                      | OR         | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |                             |                                 | ╽                | +135=      |   |                        | +270=      |                            |                        |
|   |  |   |               |                             |                                 |                  | ı          | TOTAL                                   |                        | OR         | TOTAL                      |                        |
|   |  |   |               |                             |                                 |                  | ,          | ADDIT. FEE                              |                        | OR         | ADDIT. FEE                 |                        |
| _   | Maria de Caracteria de Car | (Column 1)                                | P 12 12 12 14 |                             | imn 2)<br>HEST                  | (Column 3)       | ۱.         |   |                        | 1          |                            |                        |
| AMENDMENT C   | gen view gwent i jin   | REMAINING<br>AFTER<br>AMENDMENT           |               | NUI<br>PREV                 | MBER<br>IOUSLY<br>D FOR         | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus         | **                          |                                 | =                | <u></u>    | X\$ 9=                                  |                        | OR         | X\$18=                     |                        |
|   | Independent  | *   | Minus         | ***                         | IT OL ALL                       | ]=               | ┨╏         | X40=                                    |                        | OR         | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=   |   |               |                             |                                 |                  |            |   |                        | +270=      |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |               |                             |                                 |                  |            |   |                        |            |                            |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |               |                             |                                 |                  |            |   |                        |            |                            |                        |

## BEST AVAILARIE CODY PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

| CLAIMS AS FILED - PART I<br>(Column 1)   |   |                                       |                                  | SMALL ENTITY Column 2) TYPE                  |          |                     | ITITY                  | OR    | OTHER<br>SMALL      |                        |
|--|---|---------------------------------------|----------------------------------|--|----------|---------------------|------------------------|-------|---------------------|------------------------|
| TO   | TAL CLAIMS  |                                       |                                  |  |          | RATE                | FEE                    |       | RATE                | FEE                    |
| FOF  | 1   | NUMBER FILED                          | NUMBE                            | NUMBER EXTRA                                 |          | BASIC FEE           | 370.00                 | OR    | BASIC FEE           | 740.00                 |
| тот  | AL CHARGEABLE CLAIMS  | โ - เทิเกษร 20=                       | *                                |  |          | X\$ 9=              |                        | OR    | X\$18=              |                        |
| INDE   | EPENDENT CLAIMS   | minus 3 =                             | *                                |  |          | X42=                |                        | OR    | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |                                       |                                  |  |          | +140=               |                        | OR    | +280=               |                        |
| * If t   | he difference in column 1 is  | er "O" in co                          | olumn 2                          |  | TOTAL    |                     | OR                     | TOTAL |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)   |   |                                       |                                  |  |          | SMALL E             | ENTITY                 | OR    | OTHER<br>SMALL      |                        |
| ENT A  | CLAIMS REMAINING AFTER AMENDMENT  | NUM<br>PREV                           | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| N N  | Total * 2/  | Minus ** C                            | ادالا                            | =  | j.,      | .X\$ <i>,</i> 9=    |                        | OR    | X\$18=              | ÷.                     |
| AMENDMENT  | Independent **  | Minus ***                             | T CLAIM                          | =  |          | X42=                |                        | OF    | X84=                |                        |
|  | FIRST PRESENTATION OF M   | IULTIPLE DEPENDEN                     | II CLAIM                         |  | <b>-</b> | +140=               |                        | OP    | +280=               |                        |
| 29. 2  | Maria de la Companya | · · · · · · · · · · · · · · · · · · · | •                                | • •  |          | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
|  | (Column 1)  | (Column 3                             |                                  |  |          | _                   |                        |       |                     |                        |
| AMENDMENT B  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | NUI<br>PREV                           | MBER<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| ₩<br>Q   | Total * 17  | Minus ** 2                            | 26                               | =  |          | X\$ 9=              |                        | OR    | X\$18=              |                        |
| AME  | Independent * L   | Minus ***                             | <u>7</u>                         | =/   | 4        | X42=                |                        | OR    | X84=                |                        |
|  | FIRST PRESENTATION OF M   | OUTIPLE DEPENDEN                      | VI CLAIM                         |  |          | +140=               |                        | OR    | +280=               |                        |
|  |   |                                       |                                  |  |          | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
|  | (Column 1)  | (Coli                                 | umn 2)                           | (Column 3                                    | <u>)</u> | , <u> </u>          | •                      |       |                     | 7                      |
| NTC  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | NU<br>PREV                            | MEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA                             | }        | FATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total * QQ  | Minus **                              | <u>a6</u>                        | =  |          | X\$ 9=              |                        | OR    | X\$18=              |                        |
| AMENDMENT  | Independent *   | Minus ***                             | 7                                | <u>                                     </u> | 4        | X42=                |                        | OR    | X84=                |                        |
| -  -   | FIRST PRESENTATION OF   | MULTIPLE DEPENDE                      | NI CLAIM                         |  | Ļ        | +140=               | e se                   | OR    | +280=               | 959253                 |
|  | If the entry in column 1 is less than   | o. <b>"</b>                           | TOTAL                            |  | OR       | TOTAL               | 1                      |       |                     |                        |
| If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Ind. pendent) is the highest number found in the appropriate box in column 1. |   |                                       |                                  |  |          |                     |                        |       |                     |                        |

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